

## ADMISSION AGREEMENT

Date of Enrollment \_\_\_\_\_ Name of Child \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Day time Telephone \_\_\_\_\_

Child's primary source of emergency health care \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's primary source of emergency dental care \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any allergies or special food needs? If yes, please list \_\_\_\_\_

Emergency Contacts (other than parents and people living in the child's home):

Name	Relationship to Child	Address	Phone Number

Persons authorized to pick up the child:

Name	Relationship to Child	Address	Phone Number

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

○ \_\_\_\_\_  
(Signature of parent or guardian)

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

☒ to and from school ☒ daily errands ☒ scheduled activities ☒ field trips  
☒ other \_\_\_\_\_

○ \_\_\_\_\_  
(Signature of parent or guardian)